

Charleston Recreation Department

2010 Adult Sports Registration Form

****Checks or Money Orders Only (no cash); Make Checks Payable to: City of Charleston**

<input type="checkbox"/> Men's Softball Contact: Dave Caruso 769-8243 carusod@ci.charleston.sc.us	FOR OFFICE USE ONLY Amt. Paid for reg.: _____ Amt. Paid for Insurance: _____ CK#/ M.O. #: _____ Date Paid: _____ Receipt # _____ Staff: _____	SOCCER ONLY Amt. Paid for Player Pass: _____ Season Paid for Player Pass _____ (Example Fall 2009) Pass Accounting Year Sept 1 – August 31st
<input type="checkbox"/> Co-Ed Softball Contact: Dave Caruso 769-8243 carusod@ci.charleston.sc.us		

I am Registering as:

☐ An Individual / Teammate Request: _____

OR

☐ A Team member of _____ in the _____ (sport) league

Name: _____ Male _____ Female _____ Shirt Size _____

Address: _____
(Street) (City) (State) (Zip)

DOB: _____ Cell Phone: (____) _____ - _____ E-mail: _____

Are you a resident of the City of Charleston? Yes _____ No _____ (if no where) _____

Release of Liability for Adult Participants (Please read before signing)

IN CONSIDERATION OF (participants name) _____, my being allowed to participate in any way in the City of Charleston, Department of Recreation program; related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERED TO AS "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs which includes transporting my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such attention of the nearest official immediately; and,

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT AND INDUCEMENT.

X _____ / _____ / _____
(Participant Signature) (Printed Name) Date Signed